

L20000335250

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000436681 3))



H220004366813ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Revised

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MHP FL IX DEVELOPER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Revised

Electronic Filing Menu

Corporate Filing Menu

Help

2022 DEC 29 AM 11:27

RECEIVED
SECRETARY OF STATE
CORPORATE SERVICES

JAN 3 2023

A. LUNT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE FILINGS

2022 DEC 29 AM 11:27

MHP FL IX DEVELOPER, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/30/2020 and assigned
Florida document number L20000335250.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

777 Brickell Avenue, St 1300

(Principal office address MUST BE A STREET ADDRESS)

Miami FL 33131

Enter new mailing address, if applicable:

777 Brickell Avenue, St 1300

(Mailing address MAY BE A POST OFFICE BOX)

Miami FL 33131

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

777 Brickell Avenue, St 1300

Enter Florida street address

Miami

City

Florida

33131

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MHP Developers X, LLC	601 BRICKELL KEY DR STE 700	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MHP Developers, LLC	777 Brickell Avenue, St 1300	<input checked="" type="checkbox"/> Add
		Miami FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	SHEAR DEVELOPMENT COMPANY, LLC	777 Brickell Avenue, St 1300	<input type="checkbox"/> Add
		Miami FL 33131	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	SARIOL DEVELOPMENT LLC	777 Brickell Avenue, St 1300	<input type="checkbox"/> Add
		Miami FL 33131	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
CEO	MCDOWELL, WILLIAM P	777 Brickell Avenue, St 1300	<input type="checkbox"/> Add
		Miami FL 33131	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
P	LEE, KENNETH P	777 Brickell Avenue, St 1300	<input type="checkbox"/> Add
		Miami FL 33131	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
COO	SHEAR, CHRISTOPHER	777 Brickell Avenue, St 1300	<input type="checkbox"/> Add
		Miami FL 33131	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
CFO	Sariol, Mario	777 Brickell Avenue, St 1300	<input type="checkbox"/> Add
		Miami FL 33131	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

2022 DEC 29 AM 11:27

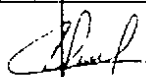
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 29, 2022



Signature of a member or authorized representative of a member

Carlos M Alvarez, Attorney-in-Fact

Typed or printed name of signee

Filing Fee: \$25.00